PART B - FEE(S) TRANSMITTAL

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| 466 YOUNG & TH 209 Madison Str Suite 500 | | 2010 | I her | Certificate eby certify that this Fee(s | of Mailing or Trans | mission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. | |
| Alexandria, VA | 22314 | | | | | (Depositor's name) | |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/572,949 | 05/02/2006 | | Etienne Annic | | 0600-1197 | 4822 | |
| TILE OF INVENTION ERVER USED TO IMI | PLEMENT SAME | | ADAPTED FOR THE US | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | _ ! | |
| nonprovisional | NO | \$1510 | \$300 | \$ 0 | \$1810 | 10/14/2010 | |
| EXAM | IINER | ART UNIT | CLASS-SUBCLASS | | | | |
| NGUYEN, MINH DIEU T 2438 Change of correspondence address or indication of "Fee Address" (37 | | 726-002000 2. For printing on the p | | - | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON | | | or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| DI DACE MOTE, Uni | less an assignee is ident th in 37 CFR 3.11. Comp | ified below no assignee | data will appear on the portion of t | atent. If an assignee is ic | | ocument has been filed fo | |
| ORANGEFRA | ANCE | | Montrouge, | Montrouge, France | | | |
| lease check the appropr | riate assignee category or | categories (will not be p | rinted on the patent): | Individual 🛮 Corporati | on or other private gr | oup entity Government | |
| a. The following fee(s) Issue Fee Publication Fee (N | | permitted) | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form). | | | | |
| 6. Change in Entity Sta | atus (from status indicate | d above) | (11 necessary) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | |
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| Authorized Signature | Be of | Castel | | Date Septemb | per 15, 20 | 10 | |
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